

**FISCAL YEAR 2001-2002**  
**SHORT-DOYLE/MEDI-CAL**  
**MAXIMUM REIMBURSEMENT RATES**  
 July 1, 2001 through June 30, 2002

	MODE OF SERVICE CODE		SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE
	CR/DC Code	SD/MC Claiming Code			
<b>SERVICE FUNCTION</b>					
<b>A. 24-HOUR SERVICES</b>	<b>05</b>				
Hospital Inpatient		<b>07, 08, 09</b>	10-18	Client Day	\$806.74
Hospital Administrative Day		<b>07, 08, 09</b>	19	Client Day	7/1/01 - 7/31/01 \$230.29 8/1/01 - 6/30/02 \$231.30
Psychiatric Health Facility (PHF)		<b>05</b>	20-29	Client Day	\$457.83
Adult Crisis Residential		<b>05</b>	40-49	Client Day	\$258.16
Adult Residential		<b>05</b>	65-79	Client Day	\$125.92
<b>B. DAY SERVICES</b>	<b>10</b>	<b>12, 18</b>			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	\$80.14
Urgent Care			25-29	Client Hour	\$80.14
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	\$122.18
Full Day			85-89	Client Full Day	\$171.59
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	\$71.28
Full Day			95-99	Client Full Day	\$111.25
<b>C. OUTPATIENT SERVICES</b>	<b>15</b>	<b>12, 18</b>			
Case Management, Brokerage			01-09	Staff Minute	\$1.71
Mental Health Services			10-19		
			30-59	Staff Minute	\$2.20
Medication Support			60-69	Staff Minute	\$4.09
Crisis Intervention			70-79	Staff Minute	\$3.29